#### Application or Docket Number

# PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

09/504605

|  |                            |   | 01/201602                                |   |                                      |                     |                                       |       |                     |                          |
|--|----------------------------|---|--|---|--------------------------------------|---------------------|---------------------------------------|-------|---------------------|--------------------------|
|  |                            |   | AIMS AS FILED - PART I (Column 1) (Colum |   | mn 2)                                | SMALL E             | NTITY                                 | OR    | OTHER<br>SMALL      |                          |
| FOR  |                            | NUMBE   | ER FILED NUMBER                          |   | EXTRA                                | RATE                | FEE                                   |       | RATE                | FEE                      |
| BAS  | SIC FEE                    |   |  |   |                                      |                     | 345.00                                | OR    |                     | 690.00                   |
| то   | TAL CLAIMS                 | 36  | minus 2                                  | 0= * <i>j</i> ( <sub>e</sub>                  |                                      | X\$ 9=              |                                       | OR    | X\$ <u>1</u> 8=     | 288.0.                   |
| IND  | EPENDENT CL                | AIMS 3  | minus                                    | 3 =  *  |                                      | X39=                |                                       | OR    | X78=                |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                            |   |  |   | +130=                                |                     | OR                                    | +260= |                     |                          |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                            |   |  |   | TOTAL                                |                     | OR                                    | TOTAL | 978.00              |                          |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |                            |   |  |   | OTHER THAT SMALL ENTITY OR SMALL ENT |                     |                                       |       |                     |                          |
| ENT A  |                            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT           |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA                     | RATE                | ADDI-<br>TIONAL<br>FEE                |       | RATE                | ADDI-<br>TIONAI<br>· FEE |
|  | Total                      | *   | Minus                                    | . **  | =                                    | X\$ 9=              |                                       | OR    | X\$18=              |                          |
| AWENDWENT  | Independent                | *   | Minus                                    | ***   | <u> </u> =                           | X39=                |                                       | OR    | X78=                |                          |
|  | FIRST PRESE                | NIATION OF MI                                       | JLIIPLE DEP                              | PENDENT CLAIM                                 |                                      | +130=               |                                       | OR    | +260=               |                          |
|  | ·                          | •   |  |   |                                      | TOTAL<br>ADDIT. FEE |                                       | OR    | TOTAL<br>ADDIT. FEE |                          |
|  |                            | (Column 1)  |  | (Column 2)                                    | (Column 3)                           |                     |                                       |       |                     |                          |
| ENT B  |                            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT           |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA                     | RATE                | ADDI-<br>TIONAL<br>FEE                |       | RATE                | ADDI-<br>TIONA<br>FEE    |
| AMENDMENT  | Total                      | *   | Minus                                    | **  | =                                    | X\$ 9=              |                                       | OR    | X\$18=              |                          |
| AME  | Independent                | *   | Minus                                    | ***   | =                                    | X39=                | · · · · · · · · · · · · · · · · · · · | OR    | X78=                |                          |
| _  | FIRST PRESE                | NTATION OF M  | ULTIPLE DEF                              | PENDENT CLAIM                                 |                                      | +130=               |                                       | OR    | +260=               |                          |
|  |                            |   |  |   |                                      | TOTAL               |                                       | OR    | TOTAL<br>ADDIT FEE  |                          |
|  |                            |   |  |   |                                      |                     |                                       |       | ADDII. FEE          |                          |
|  |                            | (Column 1)  |  | (Column 2)                                    | (Column 3)                           | ADDIT. FEE          |                                       | _     |                     |                          |
| ENTC   |                            | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT     |  | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA             | RATE                | ADDI-<br>TIONAL<br>FEE                |       | RATE                | II                       |
|  | Total                      | CLAIMS<br>REMAINING<br>AFTER                        | Minus                                    | HIGHEST<br>NUMBER<br>PREVIOUSLY               | PRESENT                              |                     | TIONAL                                | OR    | RATE X\$18=         | TIONA                    |
|  | Independent                | CLAIMS REMAINING AFTER AMENDMENT *                  | Minus                                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA                     | RATE X\$ 9=         | TIONAL                                | OR    | X\$18=              | TIONA                    |
| AMENDMENT C  | Independent                | CLAIMS REMAINING AFTER AMENDMENT *                  | Minus                                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA                     | X\$ 9=<br>X39=      | TIONAL                                | OR    | X\$18=<br>X78=      | TIONA                    |
| AWENDWENT  | Independent<br>FIRST PRESE | CLAIMS REMAINING AFTER AMENDMENT  *  * NTATION OF M | Minus<br>ULTIPLE DEF                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA                     | RATE X\$ 9=         | TIONAL                                |       | X\$18=              |                          |

### This For is for INTERNAL PTO SE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

| APPLICATION NUMBER: | 09/504605 |
|---------------------|-----------|
|---------------------|-----------|

| Total Fee Calculation    |                 |                   |                 |          |            |            |        |                    |  |  |
|--------------------------|-----------------|-------------------|-----------------|----------|------------|------------|--------|--------------------|--|--|
|                          | Fee Code        | Total<br># Claims | Number<br>Extra | <u>x</u> | Fee        | Fee        | =      | Total              |  |  |
|                          | Sm./Lg.         |                   |                 |          | Sm. Entity | Lg. Entity |        |                    |  |  |
| Basic Filing Fee         | 201/101         |                   |                 |          |            |            | -      |                    |  |  |
| Total Claims >20         | 203/103         | -20 =             | <del></del>     | x        | <u> </u>   | • ·        |        |                    |  |  |
| Independent Claims >3    | 202/102         | .3 -              |                 | x        |            |            | ,<br>= |                    |  |  |
| Mult. Dep Claim Present  | 204/104         |                   |                 |          |            |            | •      |                    |  |  |
| Surcharge                | 205/105         | •                 |                 |          |            | _          | -      | • •                |  |  |
| English Translation      | 139             |                   |                 |          |            |            |        |                    |  |  |
| TOTAL FEE CALCULA        |                 |                   |                 |          |            |            |        | <u>//07&amp;</u> 0 |  |  |
| Fees due upon filing t   | he application: |                   |                 |          |            |            |        |                    |  |  |
| Total Filing Fees Due    | = \$            | 1108.00           |                 | _        |            |            |        |                    |  |  |
| Less Filing Fees Subm    | iitted - \$     |                   |                 |          |            |            |        | ٠. ﴿               |  |  |
| BALANCE DUE              | = \$ _/         | 08.00             |                 | _        |            |            |        |                    |  |  |
| Office of Initial Patent | Examination     | <del>.</del>      |                 |          |            |            | ٠      |                    |  |  |
|                          |                 |                   |                 |          |            |            |        |                    |  |  |

Figure 7